

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2007 08:00 A
Secretary of State

DOCUMENT # N28957

1. Entity Name
SPRINGHILL ROAD CHURCH OF CHRIST, INC.



Principal Place of Business
**C/O MANLEY WOODSON
4201 SPRINGHILL ROAD
TALLAHASSEE, FL**

Mailing Address
**C/O MANLEY WOODSON
4201 SPRINGHILL ROAD
TALLAHASSEE, FL**



05022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**WOODSON, MANLEY
106 WINFIELD FONT DR.
TALLAHASSEE, FL 32311**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PTD
WOODSON, MANLEY
1061 WINFIELD FONT DR.
TALLAHASSEE, FL 32211**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ANDERSON, BOB
115 BUCK LAKE TRAIL
TALLAHASSEE, FL 32317**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
ALEXANDER, DAVID JR.
5820 DOONESBURY CT
TALLAHASSEE, FL 32303**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
BELL, ARNOLD T.
7292 WINTERCREEK LN
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000763032
05/29/07-80038-008 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07

850-942-6850

Date

Daytime Phone #